

B

1 FIBRONECTIN PRECURSOR BIOPOLYMER MARKERS
2 INDICATIVE PREDICTIVE OF ALZHEIMERS DISEASE
3

4 FIELD OF THE INVENTION

5 This invention relates to the field of characterizing
6 the existence of a disease state; particularly to the
7 utilization of mass spectrometry to elucidate particular
8 biopolymer markers indicative or predictive of a particular
9 disease state, and most particularly to specific biopolymer
10 markers whose up-regulation, down-regulation, or relative
11 presence in disease vs. normal states has been determined to
12 be useful in disease state assessment and therapeutic target
13 recognition, development and validation.

14 BACKGROUND OF THE INVENTION

15 Methods utilizing mass spectrometry for the analysis of
16 a target polypeptide have been taught wherein the polypeptide
17 is first solubilized in an appropriate solution or reagent
18 system. The type of solution or reagent system, e.g.,
19 comprising an organic or inorganic solvent, will depend on
20 the properties of the polypeptide and the type of mass
21 spectrometry performed and are well-known in the art (see,
22 e.g., Vorm et al. (1994) Anal. Chem. 66:3281 (for MALDI) and
23 Valaskovic et al. (1995) Anal. Chem. 67:3802 (for ESI). Mass
24 spectrometry of peptides is further disclosed, e.g., in WO

1 93/24834 by Chait et al.

2 In one prior art embodiment, the solvent is chosen so
3 that the risk that the molecules may be decomposed by the
4 energy introduced for the vaporization process is
5 considerably reduced, or even fully excluded. This can be
6 achieved by embedding the sample in a matrix, which can be an
7 organic compound, e.g., sugar, in particular pentose or
8 hexose, but also polysaccharides such as cellulose. These
9 compounds are decomposed thermolytically into CO₂ and H₂O so
10 that no residues are formed which might lead to chemical
11 reactions. The matrix can also be an inorganic compound,
12 e.g., nitrate of ammonium which is decomposed practically
13 without leaving any residues. Use of these and other solvents
14 are further disclosed in U.S. Pat. No. 5,062,935 by Schlag et
15 al.

16 Prior art mass spectrometer formats for use in analyzing
17 the translation products include ionization (I) techniques,
18 including but not limited to matrix assisted laser desorption
19 (MALDI), continuous or pulsed electrospray (ESI) and related
20 methods (e.g., IONSPRAY or THERMOSPRAY), or massive cluster
21 impact (MCI); these ion sources can be matched with detection
22 formats including linear or non-linear reflection time-of-
23 flight (TOF), single or multiple quadropole, single or

1 the mass calculation.

2 The mass of the target polypeptide determined by mass
3 spectrometry is then compared to the mass of a reference
4 polypeptide of known identity. In one embodiment, the target
5 polypeptide is a polypeptide containing a number of repeated
6 amino acids directly correlated to the number of
7 trinucleotide repeats transcribed/translated from DNA; from
8 its mass alone the number of repeated trinucleotide repeats
9 in the original DNA which coded it, may be deduced.

10 U.S. Patent No. 6,020,208 utilizes a general category of
11 probe elements (i.e., sample presenting means) with Surfaces
12 Enhanced for Laser Desorption/Ionization (SELDI), within
13 which there are three (3) separate subcategories. The SELDI
14 process is directed toward a sample presenting means (i.e.,
15 probe element surface) with surface-associated (or surface-
16 bound) molecules to promote the attachment (tethering or
17 anchoring) and subsequent detachment of tethered analyte
18 molecules in a light-dependent manner, wherein the said
19 surface molecule(s) are selected from the group consisting of
20 photoactive (photolabile) molecules that participate in the
21 binding (docking, tethering, or crosslinking) of the analyte
22 molecules to the sample presenting means (by covalent
23 attachment mechanisms or otherwise).

1 analysis by a highly trained individual to determine disease
2 state versus the perception of non-disease or normal
3 physiology.

4 Richter et al, Journal of Chromatography B, 726(1999)
5 25-35, refer to a database established from human
6 hemofiltrate comprised of a mass database and a sequence
7 database. The goal of Richter et al was to analyze the
8 composition of the peptide fraction in human blood. Using
9 MALDI-TOF, over 20,000 molecular masses were detected
10 representing an estimated 5,000 different peptides. The
11 conclusion of the study was that the hemofiltrate (HF)
12 represented the peptide composition of plasma. No
13 correlation of peptides with relation to normal and/or
14 disease states is made.

15 As used herein, "analyte" refers to any atom and/or
16 molecule; including their complexes and fragment ions. The
17 term may refer to a single component or a set of components.
18 In the case of biological molecules/macromolecules or
19 "biopolymers", such analytes include but are not limited to:
20 polypeptides, polynucleotides, proteins, peptides,
21 antibodies, DNA, RNA, carbohydrates, steroids, and lipids,
22 and any detectable moiety thereof, e.g. immunologically
23 detectable fragments. Note that most important biomolecules

1 and/or molecular capture devices).

2 As used herein, "MALDI" refers to Matrix-Assisted Laser
3 Desorption/Ionization.

4 As used herein, "TOF" stands for Time-of-Flight.

5 As used herein, "MS" refers to Mass Spectrometry.

6 As used herein, "MS/MS" refers to multiple sequential
7 mass spectrometry.

8 As used herein "MALDI-TOF MS" refers to Matrix-assisted
9 laser desorption/ionization time-of-flight mass spectrometry.

10 As used herein, "ESI" is an abbreviation for
11 electrospray ionization.

12 As used herein, "chemical bonds" is used simply as an
13 attempt to distinguish a rational, deliberate, and
14 knowledgeable manipulation of known classes of chemical
15 interactions from the poorly defined kind of general
16 adherence observed when one chemical substance (e.g., matrix)
17 is placed on another substance (e.g., an inert probe element
18 surface). Types of defined chemical bonds include
19 electrostatic or ionic (+/-) bonds (e.g., between a
20 positively and negatively charged groups on a protein
21 surface), covalent bonds (very strong or "permanent" bonds
22 resulting from true electron sharing), coordinate covalent
23 bonds (e.g., between electron donor groups in proteins and

1 transition metal ions such as copper or iron), and
2 hydrophobic interactions (such as between two noncharged
3 groups), weak dipole and London force or induced dipole
4 interactions.

5 As used herein, "electron donor groups" refers to the
6 case of biochemistry, where atoms in biomolecules (e.g, N, S,
7 O) "donate" or share electrons with electron poor groups
8 (e.g., Cu ions and other transition metal ions).

9 As used herein, the term "biopolymer markers indicative
10 or predictive of a disease state" is interpreted to mean that
11 a biopolymer marker which is strongly present in a normal
12 individual, but is down-regulated in disease is predictive of
13 said disease; while alternatively, a biopolymer marker which
14 is strongly present in a disease state, but is down-regulated
15 in normal individuals, is indicative of said disease state.
16 Biopolymer markers which are present in both disease and
17 normal states are indicative/predictive based upon their
18 relative strengths in disease vs. normal, along with the
19 observation regarding when their signal strengthens/weakens
20 relative to disease manifestation or progression.

21 As used herein, the term "disease state assessment" is
22 interpreted to mean quantitative or qualitative determination
23 of the presence/absence of the disease, with or without an

1 ability to determine severity, rapidity of onset, or
2 resolution of the disease state, e.g. a return to a normal
3 physiological state.

4 As used herein, the term "therapeutic target
5 recognition, development, and validation" refers to any
6 concept or method which enables an artisan to recognize,
7 develop, or validate the efficacy of a therapeutic moiety
8 which is effected in conjunction with a chemical or physical
9 interaction with one or more of the biopolymer markers of the
10 instant invention.

11 As used herein, the term "polypeptide" is interpreted to
12 mean a polymer composed of amino acid residues, related
13 naturally occurring structural variants, and synthetic non-
14 naturally occurring analogs thereof linked via peptide bonds,
15 related naturally occurring structural variants, and
16 synthetic non-naturally occurring analogs thereof. Synthetic
17 polypeptides can be synthesized, for example, using an
18 automated polypeptide synthesizer. The term "protein"
19 typically refers to large polypeptides. The term "peptide"
20 typically refers to short polypeptides. "Polypeptide(s)"
21 refers to any peptide or protein comprising two or more amino
22 acids joined to each other by peptide bonds or modified
23 peptide bonds. "Polypeptide(s)" refers to both short chains,

1 to mean a polymer composed of nucleotide units.

2 Polynucleotides include naturally occurring nucleic acids,

3 such as deoxyribonucleic acid ("DNA") and ribonucleic acid

4 ("RNA") as well as nucleic acid analogs. Nucleic acid analogs

5 include those which include non-naturally occurring bases,

6 nucleotides that engage in linkages with other nucleotides

7 other than the naturally occurring phosphodiester bond or

8 which include bases attached through linkages other than

9 phosphodiester bonds. Thus, nucleotide analogs include, for

10 example and without limitation, phosphorothioates,

11 phosphorodithioates, phosphorotriesters,

12 phosphoramidates, boranophosphates, methylphosphonates,

13 chiral-methyl phosphonates, 2-O-methyl ribonucleotides,

14 peptide-nucleic acids (PNAs), and the like. Such

15 polynucleotides can be synthesized, for example, using an

16 automated DNA synthesizer. The term "nucleic acid" typically

17 refers to large polynucleotides. The term "oligonucleotide"

18 typically refers to short polynucleotides, generally no

19 greater than about 50 nucleotides. It will be understood that

20 when a nucleotide sequence is represented by a DNA sequence

21 (i.e., A, T, G, C), this also includes an RNA sequence (i.e.,

22 A, U, G, C) in which "U" replaces T.

23 As used herein, the term "detectable moiety" or a

region genes. Antibodies exist, e.g., as intact immunoglobulins or as a number of well characterized fragments produced by digestion with various peptidases. This includes, e.g., Fab' and F(ab)'₂ fragments. The term "antibody," as used herein, also includes antibody fragments either produced by the modification of whole antibodies or those synthesized de novo using recombinant DNA methodologies. It also includes polyclonal antibodies, monoclonal antibodies, chimeric antibodies and humanized antibodies. "Fc" portion of an antibody refers to that portion of an immunoglobulin heavy chain that comprises one or more heavy chain constant region domains, CH, CH₂ and CH₃, but does not include the heavy chain variable region.

As used herein, the term "moieties" refers to an indefinite portion of a sample.

A "ligand" is a compound that specifically binds to a target molecule.

A "receptor" is a compound or portion of a structure that specifically binds to a ligand.

A ligand or a receptor (e.g., an antibody) "specifically binds to" or "is specifically immunoreactive with" a compound analyte when the ligand or receptor functions in a binding reaction which is determinative of the presence of the

1 analyte in a sample of heterogeneous compounds. Thus, under
2 designated assay (e.g., immunoassay) conditions, the ligand
3 or receptor binds preferentially to a particular analyte and
4 does not bind in a significant amount to other compounds
5 present in the sample. For example, a polynucleotide
6 specifically binds under hybridization conditions to an
7 analyte polynucleotide comprising a complementary sequence;
8 an antibody specifically binds under immunoassay conditions
9 to an antigen analyte bearing an epitope against which the
10 antibody was raised; and an adsorbent specifically binds to
11 an analyte under proper elution conditions.

12 As used herein, the term "pharmaceutically effective
13 carrier" refers to any solid or liquid material which may be
14 used in creating formulations that further include active
15 ingredients of the instant invention, e.g. biopolymer markers
16 or therapeutics, for administration to a patient.

17 As used herein, the term "agent" is interpreted to mean
18 a chemical compound, a mixture of chemical compounds, a
19 sample of undetermined composition, a combinatorial small
20 molecule array, a biological macromolecule, a bacteriophage
21 peptide display library, a bacteriophage antibody (e.g.,
22 scFv) display library, a polysome peptide display library, or
23 an extract made from biological materials such as bacteria,

1 plants, fungi, or animal cells or tissues. Suitable
2 techniques involve selection of libraries of recombinant
3 antibodies in phage or similar vectors. See, Huse et al.
4 (1989) Science 246: 1275-1281; and Ward et al. (1989) Nature
5 341: 544-546. The protocol described by Huse is
6 rendered more efficient in combination with phage display
7 technology. See, e.g., Dower et al., WO 91/17271 and
8 McCafferty et al., WO 92/01047.

9 As used herein, the term "isolated" is interpreted to
10 mean altered "by the hand of man" from its natural state,
11 i.e., if it occurs in nature, it has been changed or removed
12 from its original environment, or both. For example, a
13 polynucleotide or a polypeptide naturally present in a living
14 organism is not "isolated," but the same polynucleotide or
15 polypeptide separated from the coexisting materials of its
16 natural state is "isolated", as the term is employed herein.

17 As used herein, the term "variant" is interpreted to
18 mean a polynucleotide or polypeptide that differs from a
19 reference polynucleotide or polypeptide respectively, but
20 retains essential properties. A typical variant of a
21 polynucleotide differs in nucleotide sequence from another,
22 reference polynucleotide. Changes in the nucleotide sequence
23 of the variant may or may not alter the amino acid sequence

1 immunologically reactive fragments, variants or moieties
2 thereof.

3 As used herein, the term "fragment" refers to the
4 products of the chemical, enzymatic, or physical breakdown of
5 an analyte. Fragments may be in a neutral or ionic state.

As used herein, the term "therapeutic avenues" is interpreted to mean any agents, modalities, synthesized compounds, etc., which interact with a biopolymer marker in any manner that facilitates a therapeutic benefit, including immunotherapeutic intervention, e.g. modalities such as administration of an immunologically reactive moiety capable of altering the course, progression and/or manifestation of the disease, as a result of interfering with the disease manifestation process, for example, at the early stages focused upon by the identification of the disease, such as by supplying a moiety capable of modifying the pathogenicity of lymphocytes specific for the biopolymer marker or related components.

As used herein, the term "interacting with a biopolymer marker" includes any process by which a biopolymer marker may physically or chemically relate with an organism, particularly when this interaction results in the development of therapeutic avenues or in modulation of the disease state.

FOOTNOTES

1 As used herein, the term "therapeutic targets" may thus
2 be defined as those analytes which are capable of exerting a
3 modulating force, wherein "modulation" is defined as an
4 alteration in function inclusive of activity, synthesis,
5 production, and circulating levels. Thus, modulation effects
6 the level or physiological activity of at least one
7 particular disease related biopolymer marker or any compound
8 or biomolecule whose presence, level or activity is linked
9 either directly or indirectly, to an alteration of the
10 presence, level, activity or generic function of the
11 biopolymer marker, and may include pharmaceutical agents,
12 biomolecules that bind to the biopolymer markers, or
13 biomolecules or complexes to which the biopolymer markers
14 bind. The binding of the biopolymer markers and the
15 therapeutic moiety may result in activation (agonist),
16 inhibition (antagonist), or an increase or decrease in
17 activity or production (modulator) of the biopolymer markers
18 or the bound moiety. Examples of such therapeutic moieties
19 include, but are not limited to, antibodies,
20 oligonucleotides, proteins (e.g., receptors), RNA, DNA,
21 enzymes, peptides or small molecules. With regard to
22 immunotherapeutic moieties, such a moiety may be defined as
23 an effective analog for a major epitope peptide which has the

1 ability to reduce the pathogenicity of key lymphocytes which
2 are specific for the native epitope. An analog is defined as
3 having structural similarity but not identity in peptide
4 sequencing able to be recognized by T-cells spontaneously
5 arising and targeting the endogeneous self epitope. A
6 critical function of this analog is an altered T-cell
7 activation which leads to T-cell anergy or death.

8 With the advent of mass spectrometric methods such as
9 MALDI and SELDI and ESI, researchers have begun to utilize a
10 tool that holds the promise of uncovering countless
11 biopolymers which result from translation, transcription and
12 post-translational transcription of proteins from the entire
13 genome.

14 Operating upon the principles of retentate
15 chromatography, SELDI MS involves the adsorption of proteins,
16 based upon their physico-chemical properties at a given pH
17 and salt concentration, followed by selectively desorbing
18 proteins from the surface by varying pH, salt, or organic
19 solvent concentration. After selective desorption, the
20 proteins retained on the SELDI surface, the "chip", can be
21 analyzed using the CIPHERGEN protein detection system, or an
22 equivalent thereof. Retentate chromatography is limited,
23 however, by the fact that if unfractionated body fluids, e.g.

1 blood, blood products, urine, saliva, cerebrospinal fluid,
2 lymph and the like, along with tissue samples, are applied
3 to the adsorbent surfaces, the biopolymers present in the
4 greatest abundance will compete for all the available binding
5 sites and thereby prevent or preclude less abundant
6 biopolymers from interacting with them, thereby reducing or
7 eliminating the diversity of biopolymers which are readily
8 ascertainable.

9 If a process could be devised for maximizing the
10 diversity of biopolymers discernable from a sample, the
11 ability of researchers to accurately determine the relevance
12 of such biopolymers with relation to one or more disease
13 states would be immeasurably enhanced.

14
15 SUMMARY OF THE INVENTION

16 The instant invention is characterized by the use of a
17 combination of preparatory steps, e.g. chromatography and 1-D
18 tricine polyacrylamide gel electrophoresis. Subsequent to
19 which the gel is stained, e.g. with Coomassie blue, silver or
20 rubidium. Next, bands are selected from the gels for further
21 study. Tryptic digestion of each band follows, concluding
22 with the extraction of tryptic peptides from the digest.
23 This extraction may be accomplished utilizing C18 ZIPTIPs, or

1 conditions are deemed to be within the purview of the instant
2 invention and methodology, particular significance was given
3 to those markers and diseases associated with the complement
4 system, cognitive diseases, e.g. Alzheimer's disease and
5 Syndrome X and diseases related thereto.

6 The complement system is an important part of non-clonal
7 or innate immunity that collaborates with acquired immunity
8 to destroy invading pathogens and to facilitate the clearance
9 of immune complexes from the system. This system is the
10 major effector of the humoral branch of the immune system,
11 consisting of nearly 30 serum and membrane proteins. The
12 proteins and glycoproteins composing the complement system
13 are synthesized largely by liver hepatocytes. Activation of
14 the complement system involves a sequential enzyme cascade in
15 which the proenzyme product of one step becomes the enzyme
16 catalyst of the next step. Complement activation can occur
17 via two pathways: the classical and the alternative. The
18 classical pathway is commonly initiated by the formation of
19 soluble antigen-antibody complexes or by the binding of
20 antibody to antigen on a suitable target, such as a bacterial
21 cell. The alternative pathway is generally initiated by
22 various cell-surface constituents that are foreign to the
23 host. Each complement component is designated by numerals

1 (C1-C9), by letter symbols, or by trivial names. After a
2 component is activated, the peptide fragments are denoted by
3 small letters. The complement fragments interact with one
4 another to form functional complexes. Ultimately, foreign
5 cells are destroyed through the process of a membrane-attack
6 complex mediated lysis.

7 The C4 component of the complement system is involved in
8 the classical activation pathway. It is a glycoprotein
9 containing three polypeptide chains (α , β , and γ). C4 is a
10 substrate of component C1s and is activated when C1s
11 hydrolyzes a small fragment (C4a) from the amino terminus of
12 the α chain, exposing a binding site on the larger fragment
13 (C4b).

14 The native C3 component consists of two polypeptide
15 chains, α and β . As a serum protein, C3 is involved in the
16 alternative pathway. Serum C3, which contains an unstable
17 thioester bond, is subject to slow spontaneous hydrolysis
18 into C3a and C3b. The C3f component is involved in the
19 regulation required of the complement system which confines
20 the reaction to designated targets. During the regulation
21 process, C3b is cleaved into two parts: C3bi and C3f. C3bi
22 is a membrane-bound intermediate wherein C3f is a free
23 diffusible (soluble) component.

1 hypertension, abdominal (visceral) obesity, glucose
2 intolerance or noninsulin-dependent diabetes mellitus and an
3 increased risk of cardiovascular events. Abnormalities of
4 blood coagulation (higher plasminogen activator inhibitor
5 type I and fibrinogen levels), hyperuricemia and
6 microalbuminuria have also been found in metabolic syndrome-
7 X.

8 The instant inventors view the Syndrome X continuum in
9 its cardiovascular light, while acknowledging its important
10 metabolic component. The first stage of Syndrome X consists
11 of insulin resistance, abnormal blood lipids (cholesterol,
12 triglycerides and free fatty acids), obesity, and high blood
13 pressure (hypertension). Any one of these four first stage
14 conditions signals the start of Syndrome X.

15 Each first stage Syndrome X condition risks leading to
16 another. For example, increased insulin production is
17 associated with high blood fat levels, high blood pressure,
18 and obesity. Furthermore, the effects of the first stage
19 conditions are additive; an increase in the number of
20 conditions causes an increase in the risk of developing more
21 serious diseases on the Syndrome X continuum.

22 A patient who begins the Syndrome X continuum risks
23 spiraling into a maze of increasingly deadly diseases. The

1 next stages of the Syndrome X continuum lead to overt
2 diabetes, kidney failure, and heart failure, with the
3 possibility of stroke and heart attack at any time. Syndrome
4 X is a dangerous continuum, and preventative medicine is the
5 best defense. Diseases are currently most easily diagnosed
6 in their later stages, but controlling them at a late stage
7 is extremely difficult. Disease prevention is much more
8 effective at an earlier stage.

9 In a further contemplated embodiment of the invention,
10 samples may be taken from a patient at one point in time, as
11 a single sample or as multiple samples, or at different
12 points in time such that analysis is carried out on multiple
13 samples for ongoing analysis. Typically, a first sample is
14 taken from a patient upon presentation with possible symptoms
15 of a disease and analyzed according to the invention.
16 Subsequently, some period of time after presentation, for
17 example, about 3 - 6 months after the first presentation, a
18 second sample is taken and analyzed according to the
19 invention. The data can be used, by way of example, to
20 diagnose or monitor a disease state, determine risk
21 assessment, identify therapeutic avenues, or determine the
22 therapeutic value of an agent such as a pharmaceutical.

23 Subsequent to the isolation of particular disease state

1 of biopolymer/ligand conjugates which intervene at receptor
2 sites to prevent, delay or reverse a disease process;

3 4) use of biopolymer markers or moieties thereof as a
4 means of elucidating therapeutically viable agents, e.g. from
5 a bacteriophage peptide display library, a bacteriophage
6 antibody library or the like;

7 5) instigation of a therapeutic immunological
8 response; and

9 6) synthesis of molecular structures related to said
10 biopolymer markers, moieties or variants thereof which are
11 constructed and arranged to therapeutically intervene in the
12 disease process.

13 A process for identifying or developing therapeutic
14 avenues related to a disease state utilizing any of the above
15 examples may follow results obtained from conducting an
16 analysis inclusive of interacting with a biopolymer including
17 the sequence of the particular disease specific marker or at
18 least one analyte thereof of the present invention. Such
19 treatment or prevention of a disease state by formation of
20 disease intervention modalities may be by the formation of
21 biopolymer/ligand conjugates which intervene at receptor
22 sites to prevent, delay, or reverse a disease process. In
23 addition, a means of elucidating therapeutically viable

agents may include the use of a bacteriophage peptide display library or a bacteriophage antibody library. The therapeutic avenues may regulate the presence or absence of the biopolymer including the sequence of the particular disease specific marker or at least one analyte thereof in the present invention.

Accordingly, it is an objective of the instant invention to define a disease specific biopolymer marker sequence which is useful in evidencing and categorizing at least one particular disease state.

It is an additional objective of the instant invention to develop methods and means of disease therapy, including but not limited to:

1) utilization and recognition of said biopolymer markers, variants or moieties thereof as direct therapeutic modalities, either alone or in conjunction with an effective amount of a pharmaceutically effective carrier;

2) validation of therapeutic modalities or disease preventative agents as a function of biopolymer marker presence or concentration;

3) treatment or prevention of a disease state by formation of disease intervention modalities; e.g. formation of biopolymer/ligand conjugates which intervene at receptor

1 sites to prevent, delay or reverse a disease process;

2 4) use of biopolymer markers or moieties thereof as a
3 means of elucidating therapeutically viable agents, e.g. from
4 a bacteriophage peptide display library, a bacteriophage
5 antibody library or the like;

6 5) instigation of a therapeutic immunological
7 response; and

8 6) synthesis of molecular structures related to said
9 biopolymer markers, moieties or variants thereof which are
10 constructed and arranged to therapeutically intervene in the
11 disease process, e.g. by directly determining the three-
12 dimensional structure of said biopolymer marker directly from
13 an amino acid sequence thereof.

14 It is another objective of the instant invention to
15 evaluate samples containing a plurality of biopolymers for
16 the presence of disease specific biopolymer marker sequences
17 (disease specific markers) which evidence a link to at least
18 one specific disease state.

19 It is a further objective of the instant invention to
20 elucidate essentially all biopolymeric markers, moieties or
21 variants thereof contained within said samples, whereby
22 particularly significant moieties may be identified.

23 It is a further objective of the instant invention

1 provide at least one purified antibody which is specific to
2 said disease specific marker sequence.

3 It is yet another objective of the instant invention to
4 teach a monoclonal antibody which is specific to said disease
5 specific marker sequence.

6 It is a still further objective of the invention to
7 teach polyclonal antibodies raised against said disease
8 specific marker.

9 It is yet an additional objective of the instant
10 invention to teach a diagnostic kit for determining the
11 presence, concentration, or relative strength/concentration
12 of said disease specific marker.

13 It is a still further objective of the instant invention
14 to teach methods for characterizing disease state based upon
15 the identification of said disease specific marker.

16 Other objects and advantages of this invention will
17 become apparent from the following description taken in
18 conjunction with the accompanying drawings wherein are set
19 forth, by way of illustration and example, certain
20 embodiments of this invention. The drawings constitute a
21 part of this specification and include exemplary embodiments
22 of the present invention and illustrate various objects and
23 features thereof.

1

2 BRIEF DESCRIPTION OF THE FIGURES

3 Figure 1 is a photograph of a tricine gel HiS 1 (scrub)
4 comparing Alzheimers disease versus Age Matched Control; and
5 ~~Figure 2 is a trypsin digested spectra graph depicting the~~
6 ~~ions 1356.65, 1625.84, and 1818.97.~~

7

8 DETAILED DESCRIPTION OF THE INVENTION

9 In earlier work, for example in U.S. Patent application
10 09/846330 filed April 30, 2000, the contents of which is
11 herein incorporated by reference, raw sera was obtained and
12 mixed with formic acid and extracted the peptides with C18
13 reversed phase ZIPTIPs.

14 In the instantly disclosed invention, we deal with
15 proteins generally having a molecular weight of about 20 kD
16 or more. In general, proteins of greater than 20 kD can
17 reliably be fragmented by trypsin or other enzymes. The
18 instant technology incorporates sufficient sensitivity to
19 deal with even the low production of peptides from proteins
20 less than 20 kD clipped from gel.

21 Proteins differ from peptides in that they cannot be
22 effectively resolved by time of flight MS and they are too
23 large (>3kD) to be effectively fragmented by collision with

09/846330 "1.1.1.1"

Sub
B1

09/846330

1 gases. The most commonly used solution to these problems is
2 to resolve the proteins by polyacrylamide gel electrophoresis
3 followed by staining with silver, or coomassie brilliant blue
4 or rubidium dyes or counter staining with Zinc-SDS complexes.
5 Once the proteins have been resolved and visualized with
6 stains the proteins that differ between disease states can
7 then be excised from the gel and the protein purified in the
8 1-D gel band or 2-D gel spot can be cleaved into fragments
9 less than 3 kD by proteolytic enzymes. Once protein has been
10 resolved by gel and cleaved by enzymes, the protein is
11 considered in the form of peptides and therefore can be dealt
12 with as per earlier work (09/846330). The peptide is either
13 collected and purified with C18 reversed phase chromatography
14 or by some other form of chromatography prior to reversed
15 phase separation. The peptide can also be collected in
16 ammonium carbonate buffer that is subsequently evolved by
17 reaction with acid or by removal in organic solvents.

18 Once the peptides are collected they can be sequenced,
19 e.g. with a MALDI-Qq-TOF but also with a TOF-TOF, and
20 ESI-Q-TOF or an ION-TRAP. Other types of MS analysis which
21 may be employed are SELDI MS and MS/MS. The peptides are
22 fragments of the original protein. The peptides are
23 sequenced by fragmentation to produce a spectrum composed of

1 the parts of the peptide. The peptide fragments can be
2 produced by a strong ionization energy with a laser,
3 temperature, electron capture, collision between the peptides
4 themselves or with other objects such as gas molecules. The
5 spacing in terms of mass between the parts of the peptides is
6 a fragmentation pattern. The fragmentation pattern of each
7 peptide from the starting mass to the last remaining amino
8 acid (from either end) is unique.

9 The human genome contains the genes that encode all
10 proteins. The proteolytic cut sites within all these
11 proteins can be predicted from the translated amino acid
12 sequence. The mass of the peptides that result from the
13 predicting cut sites can be calculated. Similarly, the
14 fragmentation pattern from each hypothetical peptide can be
15 predicted. Thus, we can conceptually digest the proteins
16 within the human proteome and fragment them.

17 When a peptide has been "sequenced" it is understood
18 that the peptide fragment has been purified by one of the
19 methods above, i.e. Time of flight (TOF) or by
20 chromatography, before fragmenting it with gas to produce the
21 peptide fragments. The original peptide mass and
22 fragmentation pattern obtained is then fit to those from the
23 theoretical digestion and fragmentation of the genome. The

1 peptide that best matches the theoretical peptides and
2 fragments and is biologically possible, i.e. a potential
3 human blood-borne protein, is thus identified. It is possible
4 to identify plural targets in this fashion.

5

6 Following are exemplary, but non-limiting examples of
7 preparatory protocols useful in the process of the instant
8 invention.

9

10 Preparatory Protocols:

11 Any of these protocols may be selected from a column
12 flow-through stream, a column elution stream, or a column
13 scrub stream.

14 Hi Q is a strong anion exchanger made of methyl acrylate
15 co-polymer with the functional group: $-N^+(CH_3)_2$;

16 Hi S is a strong cation exchanger made of methyl acrylate
17 co-polymer with the functional group: $-SO_3^-$;

18 DEAE is diethylaminoethyl which is a weak cation exchanger
19 made of methyl acrylate co-polymer with the functional group
20 $-N^+(C_2H_5)_2$;

21 PS is phenyl sepharose;

22 BS is butyl sepharose;

23 ~~Note that the supports, i.e. methyl acrylate and~~

B2 cont
1 ~~sepharose are different, but non-limiting examples, as the~~
2 ~~same functional group on different supports will function,~~
3 ~~albeit possibly with different effects.~~

4 DEAE Column Protocol:

- 5 1)Cast 200 µl of 50% slurry;
6 2)Equilibrate column in 5 bed volumes of 50 mM
7 tricine pH 8.8 (binding buffer);
8 3)Dissolve 25 µl of sera in 475 µl of binding buffer;
9 4)Wash column in 5 bed volumes of binding buffer;
10 5)Elute column in 120 µl of 0.4 M Phosphate buffer
11 (PB) pH 6.1;
12 6)Elute column in 120 µl of 50 mM citrate buffer
13 pH 4.2;
14 7)Scrub column with 120 µl sequentially with each
15 of 0.1% triton, 1.0% triton and 2% SDS in
16 62.5 mM Tris pH 6.8.

17
18 Butyl Sepharose Column Protocol:

- 19 1)Cast 150 µl bed volume column;
20 2)Equilibrate column in 5 bed volumes of 1.7 M
21 $(\text{NH}_4)_2\text{SO}_4$ in 50 mM PB pH 7.0 (binding buffer);
22 3)Dissolve 35 µl of sera in 465 µl of binding buffer
23 and apply;

- 1 4) Wash column in 5 bed volumes of binding buffer;
2 5) Elute column in 120 μ l of 0.4 M $(\text{NH}_4)_2\text{SO}_4$ in
3 50 mM PB pH 7.0;
4 6) Elute column in 120 μ l of 50 mM PB pH 7.0;
5 7) Scrub column with 120 μ l sequentially with each
6 of 0.1% triton, 1.0% triton and 2% SDS in
7 62.5 mM Tris pH 6.8.

8
9
10 Phenyl Sepharose Column Protocol:

- 11 1) Cast 150 μ l bed volume column;
12 2) Equilibrate column in 5 bed volumes of
13 1.7 M $(\text{NH}_4)_2\text{SO}_4$ in 50 mM PB pH 7.0 (binding buffer);
14 3) Dissolve 35 μ l of sera in 465 μ l of binding
15 buffer and apply;
16 4) Wash column in 5 bed volumes of binding buffer;
17 5) Elute column in 120 μ l of 0.2 M $(\text{NH}_4)_2\text{SO}_4$ in
18 50 mM PB pH 7.0;
19 6) Elute column in 120 μ l of 50 mM PB pH 7.0;
20 7) Scrub column with 120 μ l sequentially with each
21 of 0.1% triton, 1.0% triton and 2% SDS in
22 62.5 mM Tris pH 6.8.
23

1 HiQ Anion Exchange Mini Column Protocol:

- 2 1) Dilute sera in sample/running buffer;
3 2) Add HiQ resin to column and remove any air bubbles;
4 3) Add ultrafiltered (UF) water to aid in column
5 packing;
6 4) Add sample/running buffer to equilibrate column;
7 5) Add diluted sera;
8 6) Collect all the flow-through fraction in Eppendorf
9 tubes until level is at resin;
10 7) Add sample/running buffer to wash column;
11 8) Add elution buffer and collect elution in Eppendorf
12 tubes.

13
14 HiS Cation Exchange Mini Column Protocol:

- 15 1) Dilute sera in sample/running buffer;
16 2) Add HiS resin to column and remove any air bubbles;
17 3) Add UF water to aid in column packing;
18 4) Add sample/running buffer to equilibrate column for
19 sample loading;
20 5) Add diluted sera to column;
21 6) Collect all flow through fractions in Eppendorf
22 tubes until level is at resin;
23 7) Add sample/running buffer to wash column;

1 8)Add elution buffer and collect elution in Eppendorf
2 tubes.

3 Illustrative of the various buffering compositions
4 useful in this technique are:

5 Sample/Running buffers: including but not limited to
6 Bicine buffers of various molarities, pH's, NaCl content,
7 Bis-Tris buffers of various molarities, pH's, NaCl
8 content, Diethanolamine of various molarities, pH's, NaCl
9 content, Diethylamine of various molarities, pH's, NaCl
10 content, Imidazole of various molarities, pH's, NaCl
11 content, Tricine of various molarities, pH's, NaCl
12 content, Triethanolamine of various molarities, pH's, NaCl
13 content, Tris of various molarities, pH's, NaCl content.
14 Elution Buffer: Acetic acid of various molarities, pH's,
15 NaCl content, Citric acid of various molarities, pH's,
16 NaCl content, HEPES of various molarities, pH's, NaCl
17 content, MES of various molarities, pH's, NaCl content,
18 MOPS of various molarities, pH's, NaCl content, PIPES of
19 various molarities, pH's, NaCl content, Lactic acid of
20 various molarities, pH's, NaCl content, Phosphate of
21 various molarities, pH's, NaCl content, Tricine of various
22 molarities, pH's, NaCl content.

23 Following tryptic digestion, additional processing

1 sequence as disclosed in the present invention. The step of
2 evidencing and categorizing is particularly directed to
3 biopolymer markers or analytes thereof linked to at least
4 one risk of disease development of the patient or related to
5 the existence of a particular disease state.

6 In addition, various kits are contemplated for use by
7 the present invention. One such kit provides for
8 determining the presence of the disease specific biopolymer
9 marker. At least one biochemical material is incorporated
10 which is capable of specifically binding with a biomolecule
11 which includes at least the disease specific biopolymer
12 marker or analyte thereof, and a means for determining
13 binding between the biochemical material and the
14 biomolecule. The biochemical material for any of the
15 contemplated kits, by way of example an antibody or at least
16 one monoclonal antibody specific therefore, or biomolecule
17 may be immobilized on a solid support and include at least
18 one labeled biochemical material which is preferably an
19 antibody. The sample utilized for any of the kits may be a
20 fractionated or unfractionated body fluid or a tissue
21 sample. Non-limiting examples of such fluids are blood,
22 blood products, urine, saliva, cerebrospinal fluid, and
23 lymph.

Further contemplated is a kit for diagnosing, determining risk-assessment, and identifying therapeutic avenues related to a disease state. This kit includes at least one biochemical material which is capable of specifically binding with a biomolecule which includes at least one biopolymer marker including the sequence of the particular disease specific biopolymer marker or an analyte thereof related to the disease state. Also included is a means for determining binding between the biochemical material and the biomolecule, whereby at least one analysis to determine a presence of a marker, analyte thereof, or a biochemical material specific thereto, is carried out on a sample. As previously described, analysis may be carried out on a single sample or multiple samples.

In accordance with various stated objectives of the invention, the skilled artisan, in possession of the specific disease specific marker as instantly disclosed, would readily carry out known techniques in order to raise purified biochemical materials, e.g. monoclonal and/or polyclonal antibodies, which are useful in the production of methods and devices useful as point-of-care rapid assay diagnostic or risk assessment devices as are known in the

1 art.

2 The specific disease markers which are analyzed
3 according to the method of the invention are released into
4 the circulation and may be present in the blood or in any
5 blood product, for example plasma, serum, cytolyzed blood,
6 e.g. by treatment with hypotonic buffer or detergents and
7 dilutions and preparations thereof, and other body fluids,
8 e.g. CSF, saliva, urine, lymph, and the like. The
9 presence of each marker is determined using antibodies
10 specific for each of the markers and detecting specific
11 binding of each antibody to its respective marker. Any
12 suitable direct or indirect assay method may be used to
13 determine the level of each of the specific markers
14 measured according to the invention. The assays may be
15 competitive assays, sandwich assays, and the label may be
16 selected from the group of well-known labels such as
17 radioimmunoassay, fluorescent or chemiluminescence
18 immunoassay, or immunoPCR technology. Extensive discussion
19 of the known immunoassay techniques is not required here
20 since these are known to those of skilled in the art. See
21 Takahashi et al. (Clin Chem 1999;45(8):1307) for a
22 detailed example of an assay.

23 A monoclonal antibody specific against the disease

1 in the art can be performed by a skilled artisan.

2 Another objective of the present invention is to
3 provide reagents for use in diagnostic assays for the
4 detection of the particularly isolated disease specific
5 marker sequences of the present invention.

6 In one mode of this embodiment, the marker sequences
7 of the present invention may be used as antigens in
8 immunoassays for the detection of those individuals
9 suffering from the disease known to be evidenced by said
10 marker sequence. Such assays may include but are not
11 limited to: radioimmunoassay, enzyme-linked immunosorbent
12 assay (ELISA), "sandwich" assays, precipitin reactions,
13 gel diffusion immunodiffusion assay, agglutination assay,
14 fluorescent immunoassays, protein A or G immunoassays and
15 immunoelectrophoresis assays.

16 According to the present invention, monoclonal or
17 polyclonal antibodies produced against the disease
18 specific marker sequence of the instant invention are
19 useful in an immunoassay on samples of blood or blood
20 products such as serum, plasma or the like, cerebrospinal
21 fluid or other body fluid, e.g. saliva, urine, lymph, and
22 the like, to diagnose patients with the characteristic
23 disease state linked to said marker sequence. The

1 antibodies can be used in any type of immunoassay. This
2 includes both the two-site sandwich assay and the single
3 site immunoassay of the non-competitive type, as well as
4 in traditional competitive binding assays.

5 Particularly preferred, for ease and simplicity of
6 detection, and its quantitative nature, is the sandwich or
7 double antibody assay of which a number of variations
8 exist, all of which are contemplated by the present
9 invention. For example, in a typical sandwich assay,
10 unlabeled antibody is immobilized on a solid phase, e.g.
11 microtiter plate, and the sample to be tested is added.
12 After a certain period of incubation to allow formation of
13 an antibody-antigen complex, a second antibody, labeled
14 with a reporter molecule capable of inducing a detectable
15 signal, is added and incubation is continued to allow
16 sufficient time for binding with the antigen at a
17 different site, resulting with a formation of a complex of
18 antibody-antigen-labeled antibody. The presence of the
19 antigen is determined by observation of a signal which may
20 be quantitated by comparison with control samples
21 containing known amounts of antigen.

22 Antibodies may also be utilized against the disease
23 specific markers, as haptens, to create an antibody

1 response against the protein to which it binds, thereby
2 identifying targets for treatment of the disease or a sub-
3 class thereof.

4 Lastly, the markers and associated antibodies provide
5 a tool for monitoring the progress of a patient during a
6 therapeutic treatment, so as to determine the usefulness
7 of a novel therapeutic agent.

8 All patents and publications mentioned in this
9 specification are indicative of the levels of those
10 skilled in the art to which the invention pertains. All
11 patents and publications are herein incorporated by
12 reference to the same extent as if each individual
13 publication was specifically and individually indicated to
14 be incorporated by reference.

15 It is to be understood that while a certain form of
16 the invention is illustrated, it is not to be limited to
17 the specific form or arrangement herein described and
18 shown. It will be apparent to those skilled in the art
19 that various changes may be made without departing from
20 the scope of the invention and the invention is not to be
21 considered limited to what is shown and described in the
22 specification and drawings/figures.

23 One skilled in the art will readily appreciate that

